


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000070548
 1. Entry Name
 JOAN E. GOLDSMITH INC.



Principal Place of Business 1715 INDEPENDENCE BLVD. SUITE B-1 SARASOTA, FL 34234	Mailing Address 1715 INDEPENDENCE BLVD. SUITE B-1 SARASOTA, FL 34234
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1523821	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLDSMITH, JOAN E
 1715 INDEPENDENCE BLVD.
 SUITE B-1
 SARASOTA, FL 34234

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000036163
 02/06/04-80047-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSMITH, JOAN E 1715 INDEPENDENCE BLVD., SUITE B-1 SARASOTA, FL 34234
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Goldsmith Date: 2/4/04 Daytime Phone #: 941/358-3373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR